

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 21087

2. Fiscal Year Covered From

01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Dawn M Iacino

P.O. Box, Bldg., Room No., if any

Street 25 Louisiana Ave NW

City Washington

State DC ZIP Code + 4 20001

4. Name, file number, and address of labor organization.

Name Int'l Brotherhood of Teamsters

Labor Organization File Number 000-093

P.O. Box, Building and Room Number, if any

Street 25 Louisiana Ave NW

City Washington

State DC ZIP Code + 4 20001

5. Position in labor organization. Director of Travel Services

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income

7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Dawn M Iacino

On 8/4/05  
Date

301-428-3678  
Telephone Number

Name of Person Filing

Dawn M. Iacino

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name James R. Hoffa Scholarship Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 Louisiana Ave NW

City Washington

State DC, ZIP Code + 4 20001

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Supply members dependants  
with Scholarship funds.

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

Complimentary for Scholarship  
Golf Tournament

12.b. Amount.

1200 @

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Dawn M. Iacino	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northwest Airlines  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any:  
Street Washington National Airport  
City Washington  
State DC ZIP Code + 4 20001

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name:  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any:  
Street:  
City:  
State: ZIP Code + 4:

11.a. Nature of such dealing.

Int. Brotherhood of Teamsters Travel purchases airline tickets from Northwest Airlines, as well as many other airlines.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dawn Iacino's spouse, Richard V. Iacino Jr. Salary from Northwest Airlines.

12.b. Amount.

\$2,000.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any:  
Street:  
City:  
State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

\$

Name of Person Filing

Dawn M. Iacino

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Firebrand

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 44 W. 74th Street

City New York

State New York

ZIP Code + 4 10036

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Production Company for  
Teamster Events.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner on Aug 26, 2004  
with Firebrand

12.b. Amount.

155.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.